

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER

33667546

GENERATOR NAME AND MAILING ADDRESS

OIL & SOLVENT PROCESS CO

1704 W. FIRST ST

AZUSA, CA 91702

AREA CODE/PHONE NUMBER

818-334-5117

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAD00083029013

TRANSPORTER NO 1 NAME AND MAILING ADDRESS

OIL & SOLVENT PROCESS CO

1704 W. FIRST ST

AZUSA, CA 91702

VEH CONTAINER NO

EPA ID NUMBER

1153153

VEH CONTAINER NO

EPA ID NUMBER

CAD00083029013

TRANSPORTER NO 2 ALTERNATE TSD FACILITY

AREA CODE/PHONE NUMBER

TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CO

12504 E WHITTIER BLVD

WHITTIER CA 90602

AREA CODE/PHONE NUMBER

213-968-0991

EPA ID NUMBER

CAD042245001

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO TYPE

WASTE
CAT NO

DISP
METH

HAZARDOUS WASTE LIQUID N.O.S. ORME

NA 91819

3310101

G

0101

07211

011

COMPONENTS

CONC RANGE
UPPER LOWER

UNITS
% PPM

TRICHLORO TRIFLUOROETHANE

96

92

%

METHANOL/ETHANOL

3

1

%

OIL/DIRT/WATER

4

2

%

SPECIAL HANDLING INSTRUCTIONS

Gloves & Goggles

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Printed or typed full name and signature

Roy Cammack Roy Cammack

MO.

DAY

YR

12

06

84

☐ Check if continuation sheet is used Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

RAY RIVERA
Printed or typed full name and signature

Ray Rivera

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

12

06

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions Jay Solomon Jay Solomon

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR

CAD042245001

12

06

84

TSD SENDS THIS COPY TO DOHS WITHIN 15 DAYS